

Fact Sheet



Meeting children's and families' comprehensive health needs Building two-generation models that incorporate oral health (August 2018)

Introduction

Many factors influence whether a child will grow up healthy and achieve economic stability throughout their life. These include: family wealth and income; access to health care; parents' educational attainment; children's exposure to trauma; and the kinds of stressors versus supports parents or caregivers encounter. It is well known that oral health is an important component of a person's overall health from birth through adulthood, and that it is connected to chronic conditions such as diabetes and heart disease. But even beyond that, oral health can impact child and family success and well-being.

Family-centered approaches that address these myriad factors should include oral health. As we strive to support children's and their parents' needs together, we must not neglect the role that oral health plays in their overall health or long-term success. With innovative and comprehensive solutions, we can help more families thrive.

What the evidence tells us about oral health and key factors of family success:

► Oral health affects employment and economic success:

- Dental pain and aesthetics can impede a parent's ability to seek or maintain the kind of job they need to support their family. Three in 10 low-wage adults overall, and 60% of low-wage adults who lack dental coverage, report that the appearance of their mouth and teeth affects their ability to interview for a job.^{1,2} Dental care poses a greater financial barrier to Americans than mental health, prescription drugs or other health needs.³
- For women, poor oral health may deepen existing inequities in employment and income. Girls who grow up with healthier teeth earn 4.5% higher wages as adults, compared to their peers with worse dental health.⁴ Improving women's oral health is crucial to their household prosperity as 64% of women overall and 71% of African-American women are the sole or primary breadwinners for their families.⁵
- Poor oral health may be part of a vicious cycle. Parents and caregivers whose children have tooth decay are more likely to miss work or school as a result, and children of low-wage or unemployed parents are more likely to experience tooth decay than kids in more economically secure families.^{6,7,8}



► **Parents’ oral health is connected to their children’s oral health.**

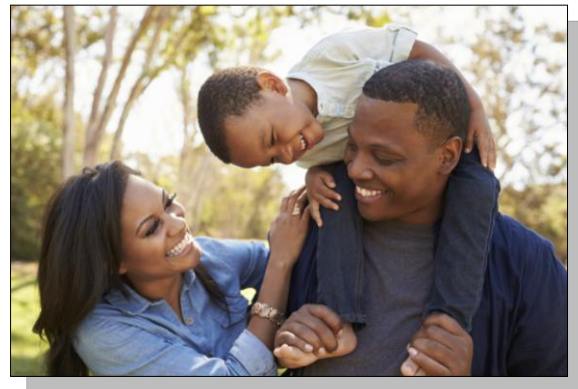
- Oral health problems during pregnancy have been linked to adverse maternal and birth outcomes, such as low-birth weight and preeclampsia.^{9, 10}
- A caregiver’s oral health is one of the greatest predictors of their child’s oral health. Children are 3 times more likely to experience tooth decay if their mothers have poor oral health.¹¹ Given the impact of parents’ characteristics and behavior on their children’s oral health, interventions are more likely to be successful if they address the whole family.¹²

► **Children’s educational achievement is harmed by poor oral health.**

- Dental pain can prevent children from learning and succeeding academically. Children with toothaches or other oral health problems are much more likely to miss school.¹³
- A study of disadvantaged children in Los Angeles found that kids with dental pain were 6 times more likely to miss school and 4 times more likely to earn lower grade point averages than their peers without dental problems.¹⁴

► **Mental illness, toxic stress, and trauma threaten good oral health.**

- Poor oral health can impact mental health and quality of life, contributing to depressive conditions among older adults who are often essential caregivers within the family unit.^{15, 16}
- The family environment, including family cohesion, emotional connection and bonding, are linked to children’s health and success.¹⁷ For example, these factors affect health conditions such as obesity. As obesity shares common risk factors with tooth decay, the influences of family function may also impact children's oral health.¹⁸
- Children who experience one or more adverse childhood experiences (ACEs) such as poverty, homelessness, and exposure to violence are more likely to have oral health problems.¹⁹ Dental care has been identified as one of the largest unmet needs for children experiencing homelessness.^{20, 21}
- Poor oral health and mental health conditions often go hand-in-hand. Studies show that individuals struggling with substance abuse or who have a history of severe mental illness often have greater unmet dental needs.²² Researchers suggest cross-cutting approaches such as oral health screenings and referrals by primary care and mental health providers, in addition to substance abuse screenings by dental professionals.²³



Conclusion

While there is more research to be done, it’s clear that oral health is a critical component of child and caregiver success, sharing many of the same pathways as other important family-centered outcomes. That’s why we believe it is important to begin addressing the oral health of children and parents together, both in and outside of the health care system. CDHP aims to incorporate oral health into sustainable, family-centered interventions — supporting children along with the adults in their lives. We invite you to join us.

Endnotes

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